

APR 03 2006

WALTER W. DUFT

PATENT ATTORNEY

8816 MAIN STREET, SUITE 2

WILLIAMSVILLE, NEW YORK 14221

(716)633-1930 (VOICE)

(716)633-1922 (FACSIMILE)

email: wduft@duftlawoffice.net

**FACSIMILE TRANSMISSION
C-O-N-F-I-D-E-N-T-I-A-L**

April 3, 2006

TO: GAU 2165

COMPANY: USPTO

FAX NO: 571-273-8300

RE: SERIAL NO. 10/795,941 OF PAUL McKENNEY FILED 3/8/2004

Our Reference No.: BEA920030026US1

FROM: WALTER W. DUFT, REG. NO. 31,948

NUMBER OF PAGES INCLUDING COVER SHEET: 3

COMMENTS:

PLEASE SEE THE ATTACHED TRANSMITTED PAPERS:

1. TRANSMITTAL FORM
2. CHANGE OF CORRESPONDENCE ADDRESS

APR 03 2006

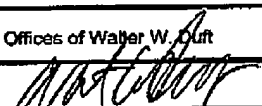
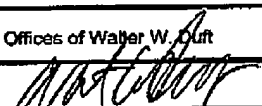
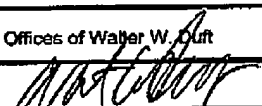
PTO/SB/21 (09-04)

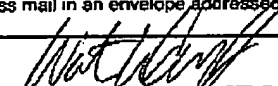
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/795,941
	Filing Date	3/8/2004
	First Named Inventor	Paul McKenney
	Art Unit	2185
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	BEA920030026US1

ENCLOSURES (Check all that apply)														
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):												
Remarks														
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="2">Law Offices of Walter W. Duft</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> </tr> <tr> <td>Printed name</td> <td colspan="2">Walter W. Duft</td> </tr> <tr> <td>Date</td> <td>4/3/2006</td> <td>Reg. No. 31,948</td> </tr> </table>			Firm Name	Law Offices of Walter W. Duft		Signature			Printed name	Walter W. Duft		Date	4/3/2006	Reg. No. 31,948
Firm Name	Law Offices of Walter W. Duft													
Signature														
Printed name	Walter W. Duft													
Date	4/3/2006	Reg. No. 31,948												

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Walter W. Duft	Date 4/3/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED
CENTRAL FAX CENTER**

APR 03 2006

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	10/795,941
Filing Date	3/8/2004
First Named Inventor	Paul McKenney
Art Unit	2165
Examiner Name	
Attorney Docket Number	BEA920030026US1

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 51167

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 31,948
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name Walter W. Duft

Signature

Date April 3, 2006

Telephone 716-633-1930

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.